**Fecha** *(date): \_\_\_\_\_*/\_\_\_\_/\_\_\_\_\_\_ **Hora** *(time): \_\_\_\_\_\_*

**Victima N°**

*(Victim N°)*

**ID área de trabajo**

***(Work site ID)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre del paciente** *(Patience name)* |  | **N° Identificación***(Number ID)* |  | **Edad***(Age)* |   | **Género***(Gender)* | Hombre *(male)*  | Mujer *(female)* |
|   |   |
| **Motivo de Consulta***(Reason for consultation)* |   |
| **Enfermedad Actual***(Current illnes)* |  |
| **Antecedentes** *(Medical history)* |
| **Patológicos /** *Pathological* |  | **Medicamentos /** *Medications* |  |
| **Quirúrgicos /** *Surgical* |  |
| **Traumáticos /** *Trauma* |  |
| **Alérgicos /** *Alergies* |  | **Ginecologicos /** *G.O* |  |
| **Observaciones** *(observations)* |
|
|
| **Examen fisico** *(Physical exam)* |
| **FC *(Pulse)*** | **FR(R*espiratory rate)***  | **TA*(Blood pressure)*** | **SaT O2 *(O2 saturation)*** | **Temp C°*(Temperature)*** | **Peso Kg*(Weight)*** | **Talla Cms *(Height)*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | *Cabeza y cuello* *(Head and neck)* |  |
|  |  |  |  |  |  | *Cardiopulmonar (Cardiopulmonary)* |  |
|  |  |  |  |  |  | *Abdomen y pelvis(Abdomen y pelvis)* |   |
|  |  |  |  |  |  | *Genitourinario (Genitourinary)* |   |
|  |  |  |  |  |  | *Extremidades (Extremities)* |   |
|  |  |  |  |  |  | *Neurológico (Neurological)* |   |
| **SEÑALE EL AREA DE LA LESION *(*POINT THE AREA OF INJURY)** |  |  |  |  |  | ***Observaciones****(Observations)* |   |
| **Impresión diagnostica** *(diagnosis)* | **Ordenes médicas** *(Medical orders)* |
| **1)** |  |
| **2)** |
| **3)** |
| **4)** |
| **Traslado** *(Handed over to)* |
| **Estación médica** *(Medical station)* |   |  | **Ambulancia** *(Ambulance)* |   |  | **Equipo médico** *(Medical Team)* |   |  | **Locales/familiares***(Locals/ family)* |  |  |
| **Hospital** *(Hospital)* |   |  | **Helicoptero** *(Helicopter)* |   |  | **Autoridades locales***(Local authorities)* |   |  | **Otros / nombre***(Others) Name* |  |

 **Traslado Fecha** *(date): \_\_\_*/\_\_\_\_/\_\_\_\_\_\_ **Hora** *(time): \_\_\_\_\_\_*

**Medico/ Paramédico Paciente / responsable**

*(Doctor/paramedic)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Patient/ responsable****) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)*  |
|  |
|  |
| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes* |
|  |
|  |
| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)*  |
|  |
|  |
| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)*  |
|  |
|  |
| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)*  |
|  |
|  |
| **Fecha***(Date)* | **Hora***(Time)* | **FC** | **FR** | **TA** | **Sat O2** | **T°** | **MD., Enf. o Param. :** |
|  |  |  |  |  |  |  | **Notas** *(Notes)*  |
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|  |